



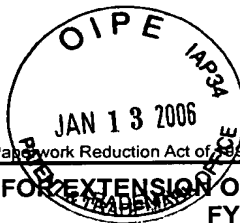
PTO/SB/17 (12-04v2)  
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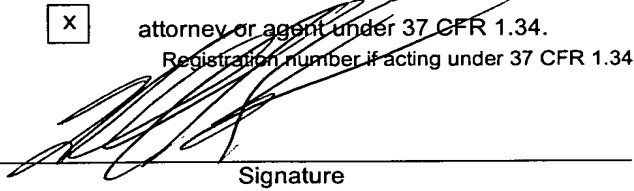
<b>FEE TRANSMITTAL</b> For FY 2005  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>		
		Application Number	09/982,008-Conf. #7117	
		Filing Date	October 19, 2001	
		First Named Inventor	Yoshihisa YAMADA	
		Examiner Name	D. Rosario	
TOTAL AMOUNT OF PAYMENT (\$)		120.00	Art Unit	2621
			Attorney Docket No.	0054-0243P

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input type="checkbox"/> Deposit Account	Deposit Account Number: <b>02-2448</b> Deposit Account Name: <b>Birch, Stewart, Kolasch &amp; Birch, LLP</b>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>								
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>								
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>			
		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
<b>2. EXCESS CLAIM FEES</b>							<b>Small Entity</b>	
<b>Fee Description</b>							<b>Fee (\$)</b>	
Each claim over 20 (including Reissues)							50	
Each independent claim over 3 (including Reissues)							200	
Multiple dependent claims							360	
<b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>							<b>Multiple Dependent Claims</b>	
23    - 23 =    0    x    0    =							<b>Fee (\$)</b> <b>Fee Paid (\$)</b>	
<b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b>								
2    - 3 =    0    x    0    =								
<b>3. APPLICATION SIZE FEE</b>								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<b>Total Sheets</b>		<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
_____ - 100 =		_____ /50	_____ (round up to a whole number) x		_____ =			
<b>4. OTHER FEE(S)</b>								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): <b>125</b> Extension for response within first month							<b>120.00</b>	

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	29,680
		Telephone	(703) 205-8000
Name (Print/Type)	Michael K. Mutter	Date	January 13, 2006



<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2005</b> (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		<b>Docket Number (Optional)</b> 0054-0243P	
<b>Application Number</b> 09/982,008-Conf. #7117		<b>Filed</b> October 19, 2001	
<b>For</b> APPARATUS FOR RE-CODING AN IMAGE SIGNAL			
<b>Art Unit</b> 2621		<b>Examiner</b> D. Rosario	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	<u>Small Entity Fee</u>	
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 02-2448. I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 29,680			
 Signature		January 13, 2006 Date	
Michael K. Mutter Typed or printed name		(703) 205-8000 Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input checked="" type="checkbox"/> Total of 1 forms are submitted.			

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